MDR: M4-02-3242-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/29/02.

I. DISPUTE ISSUE

Whether there should be additional reimbursement for CPT code E1399 for wound closure airstrips, wound dressing Primapore and Nuguaze.

II. RATIONALE

- CPT code E1399, x 3 items: denied as 'M', reduced to fair and reasonable. Carrier raised no other issues for denial.
- The respondent submitted a letter indicating they have paid a fair and reasonable amount for the disputed supplies based on what other vendors charge for same/similar supplies. The respondent did not meet the requirements for reduction of payments according to Commission Rule 133.307 (g)(3)(D) and Rule 133.304 (i)(1-4).
- The requestor submitted redacted documentation showing the respondent in this dispute has reimbursed the requestor on other claims for the same DME with the reimbursement rationale "M, ...Reimbursement for the service rendered has been determined to be fair and reasonable."
- Documentation presented by the requestor substantiated fair and reasonable pricing according to the 1966 MFG, General Instructions, (III)(A) and Rule 133.307 (g)(3)(E), therefore, additional reimbursement is recommended:
 - a) wound closure airtrips, \$12.69 each (x 13=\$164.97), additional due = \$87.75
 - b) wound dressing Primapore, \$8.34 each (x 13=\$110.50), additional due = \$49.79
 - c) and Nugause, \$1.00 each (x12=\$12.00), additional due = \$9.73 Total of \$147.27.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code E1399 x 3 in the amount of \$147.27. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$147.27** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of October 2003.

Carol R. Lawrence Medical Dispute Resolution Officer Medical Review Division